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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

753825

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - TAXI

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Date: 12/9/14

2014-475-T

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)						
	Tawhid Elamin dlb/Aunique Transportation						
	2390 baker hospital blvd-b203 north charleston,sc29405						
	Street Address of Applicant						
	Mailing Address of Applicant (if different from street address)						
	941-447-7877						
	Phone Fax						
	abumalk_10@hotmail.com						
	Email Address						
2.	f the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)						
3.	elect Entity Type: (Check one)						
	☑ Individual Owner/Sole Proprietorship						
	Partnership - List names and addresses of all person having an interest in the business.						
	☐ Corporation - List names and addresses of two principal officers.						
	1 of 9						

Balance at Time Application is Filed:

0.00

0.00

0.00

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Month Year 14			
Assets:				
Cash	0.00			
Receivables	0.00			
Real Estate	0.00			
Buildings and Equipment (Net)	0.00			
Motor Vehicles (Net)	0.00			
Garage Equipment (Net)	0.00			
Machinery and Tools (Net)	0.00			
Supplies on Hand	0.00			
Prepaids and Other Assets	0.00			
Total Assets*	0.00			
Liabilities and Equity:				
Accounts Payable	0.00			
Notes Payable	0.00			
Mortgages Payable	0.00			
Equipment Obligations	0.00			
Accrued Salaries and Wages	0.00			
Other Accrued Obligations	0.00			
Other Liabilities	0.00			
Total Liabilities	0.00			
Capital Stock	0.00			

Total Liabilities and Equity*

Retained Earnings

Total Equity

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and	d Charges (List only)	<u>maximum charges pe</u>	er mile or trip, and/or	hourly rate):
500/per mile/min				
Requested Scope	of Authority: Check	all counties in which	you are requesting I	permission to operate.
You will only be	allowed to operate in	those counties chec	ked below. You may	request "Statewide"
authority if you is	ntend to operate in al	counties in South C	aronna.	
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro Marlboro	Union
Bamberg	Colleton	☐ Hampton	McCormick	Williamsburg
Barnwell	Darlington	Ногту	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	X Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. It you will be required to have obtained a vehicle.	lowever, prior to being issued a certificate by ORS,
Maximum Number of Passengers Vehicle is Equipped to Carto carry is based on the number of seatbelts in the vehicle, in	ry: (The number of passengers a vehicle is equipped cluding the driver's seatbelt.)
8-15 Passengers, including driver	

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Dodge	2008 caravan	2D8HN54P28R813867	4483
		·	

INSURANCE QUOTE

The insurance quote must be complete, listing current insurance prerhiums. At the discretion of the Commission, a copy of current

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

surance policies may be required. Do not provide a copy of insure	arce policies unless requested. You will not be required to
The following insurance quote is for:	
UNIQUE TRAN	SPORTAION
Name of Ap	
2390 BAKER HOSPITAL BLVD-B203	NORTH CHARLESTON SC 29405
Address of A	
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 3975.00	Limits
The above quoted premium is for a term of12	months.
Minimum Limits - Intrastate Only: 1-7 Passengers* \$ 25,000/50,000/25,000 8-15 Passengers* \$ 25,000/100,000/25,000	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
NATIONAL CASUALT Name of Insurar	nce Company
2843-A W.PALMETTO S' Home Office Addre	
I am familiar with the Commission's Rules and Regulations meets the minimum insurance limits prescribed. The insura South Carolina Department of Insurance to do business in S 12/9/2014	relating to insurance requirements and the above quote ance company making this quote is authorized by the
NOTICE: If you wish to self-insure your motor vehicles for liability Ann. Sections 56-9-60 and 58-23-910. For more informatic Vehicles at (803) 896-8457. If you wish to apply as a self-insured for worker's compet	and property damage, you must comply with S.C. Code on, contact Vickie Coker with the Department of Motor

WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the

Exhibit Fit, Willing, and Able (FWA)

	TAWHID,E	LAMIN
	Name of Ap	
1.	Are there currently any outstanding judgments against the O Yes No	Applicant?
	If Yes, indicate nature of judgement(s) against applicant.	
2.	Is Applicant familiar with all statutes and regulations, inclearnier operations in South South Carolina, and does Appl statutes and regulations?	uding safety regulations and governing for-hire motor icant agree to operate in compliance with these
	Yes	
3.	Is Applicant aware of the Commission's insurance require therewith?	ments and the insurance premium costs associated

Exhibit on Driver Qualifications

1.	Applic	ant understands that a	ll dr	ivers must be a minimum o	f 18 years of age.
	•	Yes	0	No	
2.	and su	cant understands that a ch record from the DN intained in the Applica	4V	of the state in which the dri	ree (3) year driving record issued by the SC DMV ver is or has been domiciled for such period must
	•	Yes	0	No	
3.	Applie must b	cant understands that a be maintained in the A	cri ppli	minal history background c cant's business office.	neck from the state where the driver currently lives
	•	Yes	0	No	•
4.	their p	cant understands that a possession when opera of residence of the driv	ting	rivers operating a vehicle us a charter vehicle, a valid d	nder a Class C Taxi Certificate must have in fiver's license issued by the SC DMV or the current
	•	Yes	0	No	
5.	vehic	les to drivers who are i	regi	lass C Taxi Certificate hold stered, or required to be reg n or any national registry of	ers are prohibited from employing or leasing stered, as sex offenders with the South Carolina sex offenders.
	•	Yes	0	No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §\$8-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

WORN TO BEFORE ME

Commission Expires

Notary Public - State of South Carolina My Commence Expires December 12, 2022

ERALD COHEN